



Image

AF / 1763

Attorney Docket No.: PATENT  
SSI-00700

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Maximilian A. Biberger *et al.*

Serial No.: 09/704,641

Filed: November 1, 2000

For: **METHOD AND APPARATUS FOR  
SUPERCRITICAL PROCESSING  
OF A WORKPIECE**

) Group Art Unit: 1763

) Examiner: Ram N. Kackar

) **AMENDMENT AND RESPONSE TO  
FINAL OFFICE ACTION MAILED ON  
February 2, 2004**

) 162 North Wolfe Road  
) Sunnyvale, California 94086  
) (650) 530-9700

Customer No.: 28960

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

These amendments and remarks are submitted in response to the final Office Action mailed on February 4, 2004.

**Amendments to the claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

04/06/2004 TBESHAH1 00000042 09704641

01 FC:1202  
02 FC:1201

72.00 OP  
86.00 OP



HAVERSTOCK & OWENS LLP  
162 North Wolfe Road  
Sunnyvale, California 94086  
(408) 530-9700

Customer Number 28960

In re Application of: Maximilian Albert Biberger et al.  
Serial No.: 09/704,641  
Filed: November 1, 2000  
Entitled: METHOD AND APPARATUS FOR SUPERCRITICAL PROCESSING OF A WORKPIECE

Commission for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	(Col. 1)		(Col. 2)	(Col. 3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	* 34	MINUS	** 30	4	18.00	72.00
Independent Claims	* 4	MINUS	*** 3	1	86.00	86.00
_ First Presentation Of Multiple Dependent Claim					290.00	
TOTAL						158.00

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

1. \_ No additional fee is required.
2. X A check in the amount of \$158.00 is attached.
3. X Please charge any additional fees, including any fees necessary for extensions of time, or credit overpayment to Deposit Account No. 08-1275. An originally executed duplicate of this transmittal is enclosed for this purpose.
4. \_ Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 C.F.R. § 1.136(a), as may be required, to file this response.

Dated: April 2, 2004

By:   
Thomas B. Haverstock  
Registration No.: 32,571

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 2, 2004.

Dated: April 2, 2004

By:   
Francis Guerra